## MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)

APPLICANT(S)

SERIAL NO.

FILING DATE

## **CLAIMS**

	AS F	ILED	AFT 1"AMEN	TER IDMENT		FER ndment
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2			7			
3						
4						
5			$\longrightarrow$	/		
6			/			<u> </u>
7			/_			ļ
8			/_	<del>-\</del>		
9	<b></b>	ļ	_/	$\overline{}$		
10	<u> </u>		/	-		
11_	<b></b>		<del>/</del>	$\vdash \lor$		
12	·		1	<del>                                     </del>		
14	<del> </del>		+	/		<del>                                     </del>
15	1		1	/		<del>                                     </del>
16			$\vdash$	/		1
17		<b></b>	$\vdash$	/		1
18			1	7		l
19	<u> </u>			V		
20			Y			
21						
22				<u> </u>		
23	<u> </u>		_/_			ļ
24	<b></b>					
25	ļ			<del>- \-</del>		ļ
26	<u> </u>		<del>/</del>	<del>  \</del>		<u> </u>
27	<u> </u>		<del>                                     </del>	<del>                                     </del>		<del> </del>
28 29	<del> </del>		-	<del>                                     </del>		+
30	<b>!</b>		<del>\</del>	<del>                                     </del>		
31		1	1-	<del>                                     </del>		
32		<del> </del>		<del>  /</del>		1
33	1		<b>\</b>	<del>                                     </del>		
34	1	<u> </u>	1			
35				1		
36						
37				/		ļ
38	<b></b>	ļ	1	<b>/</b>		ļ
39	<b></b>	<b></b>	. /			<del> </del>
40	<del> </del>	<del> </del>	I	<u> </u>	-	ļ
41	-	1		<b>\</b>		<del> </del>
43	<u> </u>		/	<del>\</del>		+
44	+	<del> </del>	<del>  /</del>	<del>                                     </del>		-
45			<del>  /                                   </del>		l	1
46	1	<del>                                     </del>	/	$\vdash$		1
47	1	1	1			
48			/			
49			V	7		
50						
TOTAL IND.		1		1		1
TOTAL	-	i 🛕		J , 🔻		_ ر ل
DEP.		-		+		+